

**Work Order ID 100259**

April-22-13 12:52:08 PM

**\*100259\***

Page 1

Item ID: D3914-1

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Rib

Stop

**\*NS2\***

Start Date: 4/19/13

Start Qty: 10.00

~~\*10\*~~ 84c  
~~\*10\*~~

Required Date: 4/22/13

Req'd Qty: 10.00

Cust Item ID:

Customer:

Reference:

Approvals: Process Plan: ML3Date: 13-04-24 Tooling:

Date:

Run Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
|----------|--------------|

|       |                               |
|-------|-------------------------------|
| D3914 | <del>B</del> <u>A13.04.25</u> |
|-------|-------------------------------|

100

**\*100\***

Large Fab

Memo

0.00

(8)

Large Fab

1- Cut tube as per dwg D3914  
2- debur and remove identification markings

(P) 13.5.28

110

**\*110\***

QC

Quality Control

QC6- Inspect dimensions to drawing

0.00

8x A13.05.29

Memo

0.00

120

**\*120\***

Packaging

Packaging

Identify as per dwg & Stock Location: WA5

0.00

Memo

0.00

(P) 13.5.28

(8)

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| Work Order: _____   |  |  | DISPOSITION                        |   |                                      | AGAINST DEPARTMENT/PROCESS |   |              |              |   |  |
|---|--|--|------------------------------------|---|--------------------------------------|----------------------------|---|--------------|--------------|---|--|
| Part No. _____  | <input type="checkbox"/> Rework            | <input type="checkbox"/> Skid-tube     | <input type="checkbox"/> Crosstube | <input type="checkbox"/> Water Jet  | <input type="checkbox"/> Engineering |                            |   |              |              |   |  |
| NCR No. _____   | <input type="checkbox"/> Scrap             | <input type="checkbox"/> Machining     | <input type="checkbox"/> Small Fab | <input type="checkbox"/> Prod. Eng. Coor.   | <input type="checkbox"/> Quality     |                            |   |              |              |   |  |
|   | <input type="checkbox"/> Use-as-is         | <input type="checkbox"/> Thermoforming | <input type="checkbox"/> Finishing | <input type="checkbox"/> Rec/Store/Packaging  | <input type="checkbox"/> Other       |                            |   |              |              |   |  |
|   | <input type="checkbox"/> Work Order Update | <input type="checkbox"/> Large Fab     | <input type="checkbox"/> Composite | <input type="checkbox"/> Supplier   |                                      |                            |   |              |              |   |  |
| Root Cause  | Date                                       | Step                                   | Qty                                | Description of work order update or Non-conformance   | Initial Chief Eng                    | Action Description         | Sign & Date   | Verification | QC Inspector |   |  |
| Doc/Data  |  |  |                                    |   |                                      |                            |   |              |              |   |  |
| Equip/Tooling   |  |  |                                    |   |                                      |                            |   |              |              |   |  |
| Operator  |  |  |                                    |   |                                      |                            |   |              |              |   |  |
| Material  |  |  |                                    |   |                                      |                            |   |              |              |   |  |
| Setup   |  |  |                                    |   |                                      |                            |   |              |              |   |  |
| Other   |  |  |                                    |   |                                      |                            |   |              |              |   |  |
| Process   |  |  |                                    |   |                                      |                            |   |              |              |   |  |
| Supplier  |  |  |                                    |   |                                      |                            |   |              |              |   |  |
| Training  |  |  |                                    |   |                                      |                            |   |              |              |   |  |
| Unapproved  |  |  |                                    |   |                                      |                            |   |              |              |   |  |
| FAULT CATEGORY  |  |  |                                    |   |                                      |                            |   |              |              |   |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |  |  |                                    | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |                                      |                            | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions |              |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><hr/><br><hr/><br><hr/> |  |
|   |  |  |                                    |   |                                      |                            |   |              |              | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Température/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled   |  |
|   |  |  |                                    |   |                                      |                            |   |              |              | <input type="checkbox"/> Other  |  |

**Work Order ID 100259**

April-22-13 12:52:08 PM

**\*100259\***

Page 2

**Item ID:** D3914-1

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

**Revision ID:**

**Item Name:** Rib

Stop

**\*NS2\***

**Start Date:** 4/19/13

**Start Qty:** 10.00

**\*10\***

**Cust Item ID:**

**Required Date:** 4/22/13

**Req'd Qty:** 10.00

**\*10\***

**Customer:**

**Reference:**

**Approvals:**

**Process Plan:**

**Date:**

**Tooling:**

**Date:**

Run

Start

**\*NR1\***

**QC:**

**Date:**

**SPC (Y/N):**

**Date:**

Stop

**\*NR2\***

**Sequence ID/  
Work Center ID**

**Operation  
Description**

130

QC21- Final Inspection - Work Order Release

**\*130\***

QC

Quality Control

**Set Up/  
Run Hours**

**Tool ID**

**Tool #**

**Plan  
Code**

**Accept  
Qty**

**Reject  
Qty**

**Reject  
Number**

**Insp.  
Stamp**

0.00

0.00

13/5/29

MLJ 13-05-29

**Memo:**

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| Work Order: _____ |   |   | DISPOSITION  |   |   | AGAINST DEPARTMENT/PROCESS                      |   |              |              |  |  |
|-------------------|---|---|--|---|---|---|---|--------------|--------------|--|--|
|                   |   |   | Rework<br><input type="checkbox"/>                       | Skid-tube<br><input type="checkbox"/>               | Crosstube<br><input type="checkbox"/>       | Water Jet<br><input type="checkbox"/>           | Engineering<br><input type="checkbox"/> |              |              |  |  |
|                   |   |   | Scrap<br><input type="checkbox"/>                        | Machining<br><input type="checkbox"/>               | Small Fab<br><input type="checkbox"/>       | Prod. Eng. Coor.<br><input type="checkbox"/>    | Quality<br><input type="checkbox"/>     |              |              |  |  |
|                   |   |   | Use-as-is<br><input type="checkbox"/>                    | Thermoforming<br><input type="checkbox"/>           | Finishing<br><input type="checkbox"/>       | Rec/Store/Packaging<br><input type="checkbox"/> | Other<br><input type="checkbox"/>       |              |              |  |  |
|                   |   |   | Work Order Update<br><input type="checkbox"/>            | Large Fab<br><input type="checkbox"/>               | Composite<br><input type="checkbox"/>       | Supplier<br><input type="checkbox"/>            |   |              |              |  |  |
| Root Cause        | Date  | Step                                    | Qty  | Description of work order update or Non-conformance | Initial Chief Eng                           | Action Description                              | Sign & Date                             | Verification | QC Inspector |  |  |
| Doc/Data          |   |   |  |   |   |   |   |              |              |  |  |
| Equip/Tooling     |   |   |  |   |   |   |   |              |              |  |  |
| Operator          |   |   |  |   |   |   |   |              |              |  |  |
| Material          |   |   |  |   |   |   |   |              |              |  |  |
| Setup             |   |   |  |   |   |   |   |              |              |  |  |
| Other             |   |   |  |   |   |   |   |              |              |  |  |
| Process           |   |   |  |   |   |   |   |              |              |  |  |
| Supplier          |   |   |  |   |   |   |   |              |              |  |  |
| Training          |   |   |  |   |   |   |   |              |              |  |  |
| Unapproved        |   |   |  |   |   |   |   |              |              |  |  |
| FAULT CATEGORY    |   |   |  |   |   |   |   |              |              |  |  |
| Landing Gear      | General   |   |  |   |   |   |   |              |              |  |  |
|                   | <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           | <input type="checkbox"/> Ovalized                   | <input type="checkbox"/> Pressure/Forced    |   |   |              |              |  |  |
|                   | <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        | <input type="checkbox"/> Over/Under tolerance       | <input type="checkbox"/> Temperature/Cure   |   |   |              |              |  |  |
|                   | <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           | <input type="checkbox"/> Part Incorrect             | <input type="checkbox"/> Weld               |   |   |              |              |  |  |
|                   | <input type="checkbox"/> Crushed/Crimped              | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Part Lost/Missing          | <input type="checkbox"/> Wrong Stock Pulled |   |   |              |              |  |  |
|                   | <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     | <input type="checkbox"/> Part Moved                 |   |   |   |              |              |  |  |
|                   | <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Mislabeled                      | <input type="checkbox"/> Positioned Wrong           |   |   |   |              |              |  |  |
|                   | <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         | <input type="checkbox"/> Power Loss/Surge           | <input type="checkbox"/> Other              |   |   |              |              |  |  |
|                   | <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |   |   |   |   |              |              |  |  |
|                   | <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |   |   |   |   |              |              |  |  |
|                   | <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |   |   |   |   |              |              |  |  |
|                   | <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |   |   |   |   |              |              |  |  |

# Picklist Print

April-22-13 12:52:08 PM

Page 1

Work Order ID: 100259

Parent Item: D3914-1

Start Date: 4/19/13

Required Date: 4/22/13

Parent Item Name: Rib

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP Rev:A new issue DD 10.03.19 verified by:EC  
10.08.18 verified by:EC IPP Rev:B as per dwg revB DD  
IPP Rev:C 11.01.18 chg qc5 to 6 DD verf:EC

| Component Item ID/<br>Item Name               | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| M304TS0.750W.049<br>304 SQ Tube .75x.75x.049W |                        | Purchased     | No          |                     |                  | 100             | f                  | 970.7307       | 8           | 84.210526    |               | P6 13.5.28     |        |

| Location | Loc Qty     | Loc Code |
|----------|-------------|----------|
| MAT017   | 241.6869    |          |
| 124492   | 241.6869    |          |
| WA006    | 729.0438355 |          |
| 123219   | 16.0438355  |          |
| 123484   | 113         |          |
| 125124   | 600         |          |

m125575 → 67.37

NCR: Yes / No

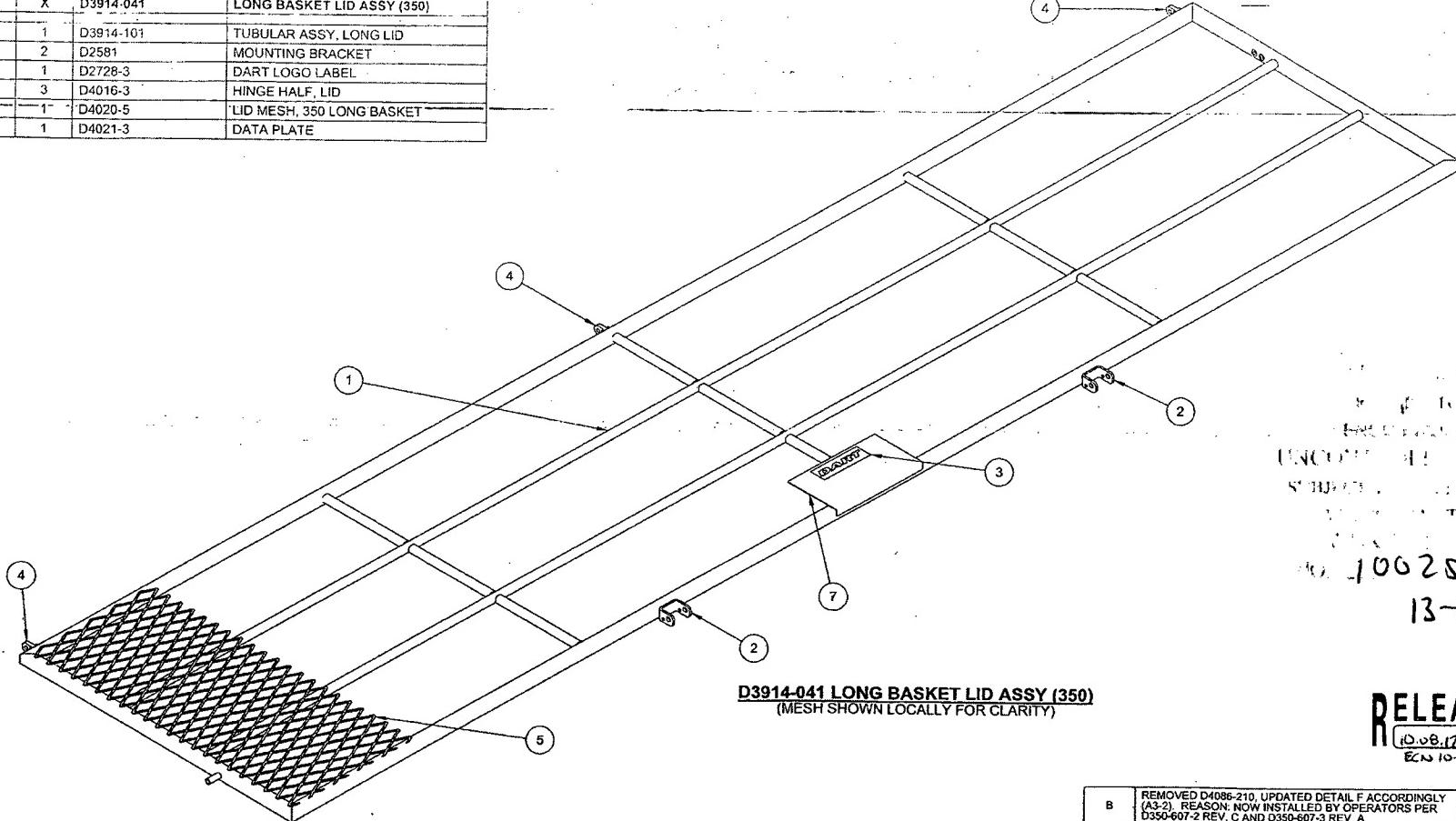
DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| Work Order: _____   |  |  | DISPOSITION                        |   | AGAINST DEPARTMENT/PROCESS                |   |             |              |              |   |  |
|---|--|--|------------------------------------|---|---|---|-------------|--------------|--------------|---|--|
| Part No. _____  | Rework <input type="checkbox"/>            | Scrap <input type="checkbox"/>         | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/>  | Water Jet <input type="checkbox"/>        | Engineering <input type="checkbox"/>  |             |              |              |   |  |
| NCR No. _____   | Use-as-is <input type="checkbox"/>         | Thermoforming <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Finishing <input type="checkbox"/>  | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/>  |             |              |              |   |  |
|   | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/>     | Composite <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/>  | Supplier <input type="checkbox"/>         | Other <input type="checkbox"/>  |             |              |              |   |  |
| Root Cause  | Date                                       | Step                                   | Qty                                | Description of work order update or Non-conformance   | Initial Chief Eng                         | Action Description  | Sign & Date | Verification | QC Inspector |   |  |
| Doc/Data  |  |  |                                    |   |   |   |             |              |              |   |  |
| Equip/Tooling   |  |  |                                    |   |   |   |             |              |              |   |  |
| Operator  |  |  |                                    |   |   |   |             |              |              |   |  |
| Material  |  |  |                                    |   |   |   |             |              |              |   |  |
| Setup   |  |  |                                    |   |   |   |             |              |              |   |  |
| Other   |  |  |                                    |   |   |   |             |              |              |   |  |
| Process   |  |  |                                    |   |   |   |             |              |              |   |  |
| Supplier  |  |  |                                    |   |   |   |             |              |              |   |  |
| Training  |  |  |                                    |   |   |   |             |              |              |   |  |
| Unapproved  |  |  |                                    |   |   |   |             |              |              |   |  |
| FAULT CATEGORY  |  |  |                                    |   |   |   |             |              |              |   |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |  |  |                                    | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions |             |              |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><hr/><br><hr/><br><hr/> |  |
|   |  |  |                                    |   |   |   |             |              |              | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled   |  |
|   |  |  |                                    |   |   |   |             |              |              | <input type="checkbox"/> Other  |  |

| ITEM | QTY | P/N         | DESCRIPTION                |
|------|-----|-------------|----------------------------|
|      | 1   | X D3914-041 | LONG BASKET LID ASSY (350) |
| 1    | 1   | D3914-101   | TUBULAR ASSY, LONG LID     |
| 2    | 2   | D2581       | MOUNTING BRACKET           |
| 3    | 1   | D2728-3     | DART LOGO LABEL            |
| 4    | 3   | D4016-3     | HINGE HALF, LID            |
| 6    | 1   | D4020-5     | LID MESH, 350 LONG BASKET  |
| 7    | 1   | D4021-3     | DATA PLATE                 |

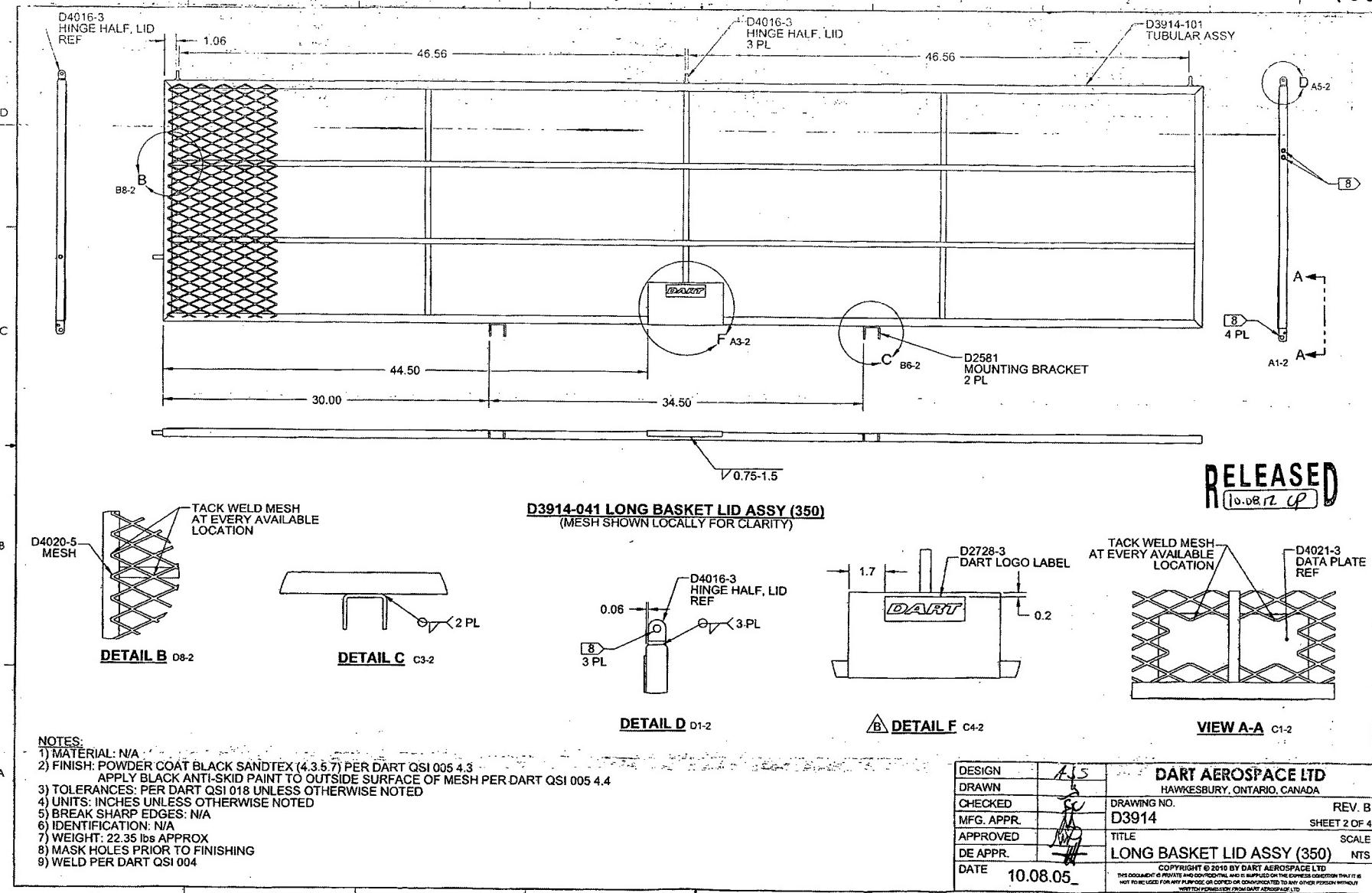


UNCOPIED DRAWING  
SUBJECT TO CHANGE  
BY DRAFTSMAN

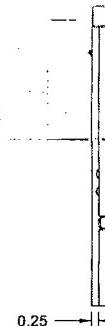
100259 MCS  
13-04-24

RELEASED  
10.08.17 CP  
ECN 10-596

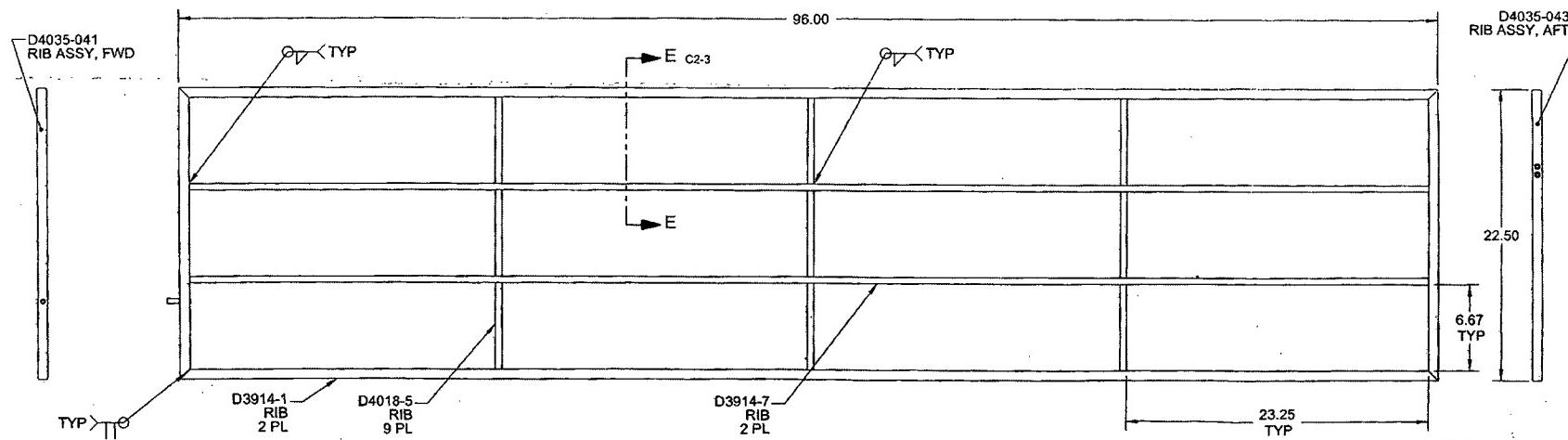
|            |  |                             |   |          |
|------------|--|-----------------------------|---|----------|
| B          | REMOVED D4086-210, UPDATED DETAIL F ACCORDINGLY<br>(A3-2). REASON: NOW INSTALLED BY OPERATORS PER<br>D350-607-2 REV. C AND D350-607-3 REV. A |                             | MB  | 10.08.05 |
| A          | NEW ISSUE  |                             | JPH   | 10.03.16 |
| REV.       | 1  | DESCRIPTION                 | BY  | DATE     |
| DESIGN     | 1/15   | DART AEROSPACE LTD          |   |          |
| DRAWN      |  | HAWKESBURY, ONTARIO, CANADA |   |          |
| CHECKED    | SC   | DRAWING NO.                 | REV. B  |          |
| MFG. APPR. |  | D3914                       | SHEET 1 OF 4  |          |
| APPROVED   |  | TITLE                       | SCALE   |          |
| DE APPR.   |  | LONG BASKET LID ASSY (350)  | NTS   |          |
| DATE       | 10.08.05   |                             | COPYRIGHT © 2010 BY DART AEROSPACE LTD.<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT<br>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br>WRITTEN APPROVAL FROM DART AEROSPACE LTD. |          |



| ITEM | QTY | P/N       | DESCRIPTION                  |
|------|-----|-----------|------------------------------|
|      | 101 |           |                              |
| X    |     | D3914-101 | TUBULAR ASSY, LONG LID (350) |
| 1    | 2   | D3914-1   | RIB                          |
| 2    | 2   | D3914-7   | RIB                          |
| 3    | 9   | D4018-5   | RIB                          |
| 4    | 1   | D4035-041 | BASKET LID RIB ASSY, FWD     |
| 5    | 1   | D4035-043 | BASKET LID RIB ASSY, AFT     |



SECTION E-E C5-3



RELEASED  
10.08.05 CP

## 8 D3914-101 TUBULAR ASSY, LONG LID

- NOTES:  
 1) MATERIAL: N/A  
 2) FINISH: NONE  
 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED  
 4) UNITS: INCHES UNLESS OTHERWISE NOTED  
 5) BREAK SHARP EDGES: N/A  
 6) IDENTIFICATION: N/A  
 7) WEIGHT: 14.10 lbs  
 8) TOLERANCE FOR XX.XX DIMENSIONS ±0.06 FOR D4018-101  
 9) WELD PER DART QSI 004

|            |          |  |
|------------|----------|--|
| DESIGN     | A/S      | DART AEROSPACE LTD.<br>HAWKESBURY, ONTARIO, CANADA |
| DRAWN      | R        | DRAWING NO.  |
| CHECKED    | EC       | REV. B   |
| MFG. APPR. |          | SHEET 3 OF 4                                       |
| APPROVED   | AP       | TITLE  |
| DE APPR.   |          | SCALE  |
| DATE       | 10.08.05 | LONG BASKET LID ASSY (350) NTS                     |

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8 1 7 1 6 1 5 1 4 1 3 1 2 1 1

100259

